

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD T. KENNEDY	COURT CASE NUMBER 5:18-CV-00214-JLS
DEFENDANT EQUIFAX, INC., ET AL.,	TYPE OF PROCESS Service of Process

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
GREGORY JOSEPH DECHURCH FOR AMERICAN BANKERS INSURANCE COMPANY OF AMERICA  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
111222 QUAIL ROOST DRIVE, MIAMI, FL 33157

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD T. KENNEDY  
401 TILLAGE ROAD  
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 3 \*

Number of parties to be served in this case 8

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

\* Summons, Complaint, and Plaintiff's First Amended Complaint  
\*\* Mr De Church is General Counsel for the Defendant,  
AMERICAN BANKERS INSURANCE COMPANY OF AMERICA.

**FILED**

AUG - 2 2018

KATE BARKMAN, Clerk  
By \_\_\_\_\_ Dep. Clerk

Fold

Signature of Attorney other Originator requesting service on behalf of

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

June 5, 2018

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin  
No. 66

District to Serve  
No. 004

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Tracey Cohen, Paralegal

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

7-11-18

Time

1:35

☐ am  
☒ pm

Signature of U.S. Marshal or Deputy

Service Fee

\$65.00

Total Mileage Charges including endeavors

Forwarding Fee

8.00

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

REMARKS

7-11-18 personally served Paralegal Tracey Cohen who stated she is authorized to accept for Gregory DeChurch.

PRINT 5 COPIES.

- 1 CLERK OF THE COURT
- 2 USMS RECORD
- 3 NOTICE OF SERVICE
- 4 BILLING STATEMENT\* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
- 5 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED